

Applicant name _____ Address _____ City _____ State ____ Zip _____ Phone _____ Applicant is (circle one): owner / contractor / other* _____ *permission letter from owner required	*Owner name _____ Address _____ City _____ State ____ Zip _____ Phone _____ *If new owner, provide copy of recorded deed																																							
Tax Map # _____ Acreage _____ Location address(or street name if # not assigned): _____ City _____ State ____ Zip _____ State road # _____ State road name (if addressed on a private road): _____	Contractor name _____ Address _____ City _____ State ____ Zip _____ Phone _____ License # _____ Site Plan Name _____																																							
Type of structure _____ Circle one: Main residence/ Accessory building / Other _____ Check one: ___ New ___ Addition / Remodel types & # of rooms _____ ___ Change-of-use describe: _____ Estimated cost _____ Construction type _____ Exterior finish _____ Interior finish _____ Roofing type _____	Total Square Footage _____ 1 st floor sq. ft. _____ 2 nd floor sq. ft. _____ Basement sq. ft. _____ Garage sq. ft. _____ Porches _____ Decks _____ Other _____ Dimensions _____ Height _____ Total # of bedrooms _____ Total # of bathrooms _____ Mechanic's Lien Agent _____ Address _____ City _____ State ____ Zip _____																																							
	<p style="text-align: center;">PLUMBING</p> <table style="width: 100%;"> <tr><td>#</td><td></td><td></td></tr> <tr><td>_____ Toilets</td><td></td><td>_____ Bathtubs</td></tr> <tr><td>_____ Lavatories</td><td></td><td>_____ Showers</td></tr> <tr><td>_____ Kitchen sinks/disposals</td><td></td><td>_____ Dishwashers</td></tr> <tr><td>_____ Laundry Trays</td><td></td><td>_____ Water heaters</td></tr> <tr><td>_____ Clothes washers</td><td></td><td>_____ Drinking fountains</td></tr> <tr><td>_____ Urinals</td><td></td><td>_____ Floor or sink drains</td></tr> <tr><td>_____ Slop sinks</td><td></td><td>_____ Pumps</td></tr> <tr><td>_____ Other fixtures</td><td></td><td>TOTAL # _____</td></tr> </table> <hr/> <p style="text-align: center;">MECHANICAL</p> <table style="width: 100%;"> <tr><td>#</td><td></td><td></td></tr> <tr><td>_____ Wood stoves</td><td></td><td>_____ Rangehoods</td></tr> <tr><td>_____ Rangehood fire protection</td><td></td><td>_____ Sprinkler heads</td></tr> <tr><td>_____ Gas piping system</td><td></td><td>_____ Gas fireplaces</td></tr> </table> <p>ESTIMATED COST _____</p>	#			_____ Toilets		_____ Bathtubs	_____ Lavatories		_____ Showers	_____ Kitchen sinks/disposals		_____ Dishwashers	_____ Laundry Trays		_____ Water heaters	_____ Clothes washers		_____ Drinking fountains	_____ Urinals		_____ Floor or sink drains	_____ Slop sinks		_____ Pumps	_____ Other fixtures		TOTAL # _____	#			_____ Wood stoves		_____ Rangehoods	_____ Rangehood fire protection		_____ Sprinkler heads	_____ Gas piping system		_____ Gas fireplaces
#																																								
_____ Toilets		_____ Bathtubs																																						
_____ Lavatories		_____ Showers																																						
_____ Kitchen sinks/disposals		_____ Dishwashers																																						
_____ Laundry Trays		_____ Water heaters																																						
_____ Clothes washers		_____ Drinking fountains																																						
_____ Urinals		_____ Floor or sink drains																																						
_____ Slop sinks		_____ Pumps																																						
_____ Other fixtures		TOTAL # _____																																						
#																																								
_____ Wood stoves		_____ Rangehoods																																						
_____ Rangehood fire protection		_____ Sprinkler heads																																						
_____ Gas piping system		_____ Gas fireplaces																																						

ELECTRICAL

#

☐ Outlets & fixtures
☐ 30 kW or less outlets
☐ Baseboard heaters
☐ Swimming pool
above / in-ground (circle one)
☐ Protective signaling devices
☐ Pneumatic circuits
☐ Temporary or decorative displays
Service change type _____
New service type (check one):
☐ Permanent: Amperage value _____
☐ Temporary
Transformer size _____
Total sign amperage _____